

USMEPCOM CERTIFICATION SHEET

(For use of this form, see USMEPCOM Reg 350-1)

NAME _____ GRADE/RANK _____

The individual named above, has satisfactorily completed the task(s) in the following training areas shown below.

<u>MEDICAL</u>	<u>DATE/INITIALS</u>	<u>TESTING</u>	<u>DATE/INITIALS</u>
1301 Medical History Orientation Briefing	____ / ____	4301 Test Administrator	____ / ____
1302 Medical Examination	____ / ____	4302 MET Site Inspector	____ / ____
	____ / ____	4303 Alternate Test Control Officer	____ / ____
1303 Vision Examination	____ / ____	4304 Testing Control Officer	____ / ____
1304 Laboratory	____ / ____	4305 Test Coordinator	____ / ____
1305 Blood Pressure/Pulse	____ / ____		
1306 Hearing Examination	____ / ____	<u>SUPPORT</u>	<u>DATE/INITIALS</u>
1307 DAT/Urinalysis	____ / ____	5301 Budget Technician	____ / ____
1308 Height/Weight	____ / ____	5302 Supply Technician	____ / ____
1309 Ortho/Neuro Examination	____ / ____	5303 Personnel and Administration Clerk	____ / ____
1310 Quality Control	____ / ____		
1311 Dial-A-Medic	____ / ____		

<u>USMIRS</u>	<u>DATE/INITIALS</u>
2301 DEP Data Processor	____ / ____
2302 Accession/Shipper Data Entry	____ / ____
	____ / ____
2303 USMIRS Communicator	____ / ____
	____ / ____
2304 Medical Data Processor	____ / ____
	____ / ____

<u>OPERATIONS</u>	<u>DATE/INITIALS</u>
3301 Control Desk	____ / ____
	____ / ____
3302 Military Processing Clerk	____ / ____
	____ / ____
3303 File Room	____ / ____
	____ / ____

Certification: The individual above has satisfactorily completed the task(s) orally and/or in writing, in the area(s) indicated above. The supporting Progress Summary Sheet is attached.

Supervisor's signature_____
Date